

# Wootton High School Poms



## Pee Wee Pom Clinic

**Clinics:** Friday, December 13th from 5:00-7:00 pm

**Performance:** Friday, December 13th at 7:15 pm  
Wootton Varsity Basketball Game  
Halftime Performance

Open to K-8<sup>th</sup> (will be grouped by grade)  
\$50 per participant

Email [Mia Krawczel@mcpsmd.org](mailto:Mia_Krawczel@mcpsmd.org) with questions.  
A completed registration form is required to participate!

***Be a part of the Wootton team - Go Patriots!***

# Pee-Wee Pom Clinic Registration Form

Clinics: Friday, December 13th from 5:00-7:00 pm

Performance: Basketball Game Halftime on Friday, December 13th at 7:15 pm

Wootton High School

**Registration Deadline- Friday, December 6th. Limited Space Available. First Come-First Serve Basis.**

Name of Child \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Parent's name \_\_\_\_\_

Phone number (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Email Address \_\_\_\_\_ (Please PRINT Clearly)

Address \_\_\_\_\_  
\_\_\_\_\_

## Emergency Contact Information

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone number (home) \_\_\_\_\_ (cell) \_\_\_\_\_

\$50 - Payment type (please circle)      cash      check (made out to **Wootton Booster Club**)

*PeeWee Poms T-shirt, Poms, and Game Admission are included in the price*

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I agree to allow my child to participate in the Pee-Wee Pom clinic. To my knowledge there are no serious health concerns that would affect my child's participation. In the event of injury, I agree not to hold Wootton High School, any member of the Pom Squad, Pom Coaches, staff at Wootton, or Montgomery County Public Schools liable.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Print name

I agree to allow my child's photograph (but not name) as a part of a group to appear on Wootton Poms' related material, both printed and electronic.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Print name

Return to: PeeWeePoms Attn: Mia Krawczel 2100 Wootton High School Rockville, MD 20850  
**OR** email a photo or scan of the completed form to Mia\_Krawczel@mcpsmd.org and bring payment to first clinic